



United States Pretrial Services Office
Southern District of California
Chief Lori A. Garofalo
Pacific Bell Building
101 West Broadway, Suite 505
San Diego, California 92101
(619) 557-5738



APPLICATION FOR U.S. PRETRIAL SERVICES STUDENT INTERNSHIP PROGRAM
Questionnaire for Sensitive Position
(Non-paid position)

Type or Print Clearly

PERSONAL HISTORY

1. Name in Full (Last, First, Middle)		2. List all other names used, i.e.: names from a former marriage, maiden name, alias(es), nickname(s)	
3. Date of Birth (Month/Date/Year)	4. Social Security Number	5. Sex (Male or Female)	
6. Place of Birth (City, County, State; Country if not in the U.S.)			
7. Citizenship Present Citizenship (Country) _____ If a U.S. Citizen, acquired by: ___ Birth ___ Marriage ___ Naturalization Date/Place Naturalized _____ Certificate # _____ If not a U.S. Citizen, INS status: _____			
8. Marital Status ___ Single ___ Married ___ Separated ___ Legally Separated ___ Divorced ___ Widowed Current Spouse (Name, Date of Birth, Place of Birth, Social Security Number) _____ If previously married, list former spouse(s): _____			

RESIDENCES

9. Current Address

Street Address		Apt. #	Home Phone ()
City	State	Zip Code	Work Phone ()

In the event the above information becomes invalid, indicate the name and phone number of a relative through whom you can be reached or who could furnish your current address and telephone number.

Name	Relationship	Phone Number

10. Places of Residence for the past 10 years

From (month/year)	To (month/year)	Street Address	Apt. #	City	State
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EDUCATION

11. High School

Name of High School/Issuer of GED	Address	Years Attended
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12. College(s)

Name and Location of College or University	Major/Minor	Yrs. Attended	Degree Received	GPA
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13. If applicable, please provide your current school schedule.

FINANCIAL

14. Are you currently in default for any type of financial matter(s)?

Please explain.

EMPLOYMENT

15. Present or Most Recent Employer: _____

Address _____

Supervisor's Name/Telephone # _____

Dates Employed (month/year) From _____ To _____

Full Time _____ Part Time _____

Starting Salary _____ Current Salary _____

Present or Most Recent Position: _____

Description of work _____

If applicable, please provide your current work schedule.

16. May we ask your present employer about your character, qualifications, and work record? Yes _____ No _____

A "no" will not affect our review of your qualifications. If you answer "no" and we need to contact your present employer before we can offer you a position, we will contact you first.

17. Have you ever been dismissed, fired, or asked to resign from any employment or position you have held? Please explain.

18. Have you ever been denied a job or an internship position for any reason? Please explain.

19. Special Skills, Accomplishments, Awards, and/or Related Experience

20. Language Skills

Do you speak or read a language other than English?

If yes, what language(s)? _____ can speak and understand _____ fluently _____ passably

BACKGROUND INFORMATION

21. CRIMINAL RECORD (Do not include anything that occurred prior to your 16th birthday.)

1. Have you ever been charged with, or convicted of, any felony or misdemeanor offense?
2. Have you ever been charged with, or convicted of, a firearms or explosives offense?
3. Are there currently any charges pending against you for any criminal offense?
4. In the last five (5) years have you **used, possessed, supplied, or manufactured** any illegal drugs?
5. Have you ever been charged with, or convicted of, any offense(s) relating to alcohol or drugs (including infractions)?
6. In the last five (5) years, have you been arrested for, charged with, or convicted of any offense(s) not listed in response to a, b, c, or e above?

If you answered "yes" to a, b, c, e, or f above, explain your answer(s).

Month/Year	Offense	Action Taken	Agency or Court	State
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22. Have you **ever** tried or experimented with any illegal drug?

If yes, please provide the type of drug(s) you experimented with, the number of times used, the approximate date(s) of use, and why the drug was used.

23. In the last five (5) years, have you come into contact with any law enforcement agency for any reason? If yes, please explain.

MENTAL HEALTH RECORD

24. Have you experienced problems in the past due to any emotional or mental condition? If yes, please explain.

SCHEDULING

25. Are you, as an intern, willing to dedicate 15 hours or more per week to this program? The hours would need to be conducted Monday through Friday, 7:00 a.m. to 5:00 p.m.

REFERENCES

26. List two people who are not related to you, and who know your qualifications and fitness for the kind of position for which you are applying. At least one should know you well on a personal basis.

Full name of reference	Telephone #	Business or Home Address	City	State	Zip Code
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a.

b.

QUESTIONS OR CONCERNS

27. Please note any questions or concerns you may have which could be addressed during an interview.

CERTIFICATION THAT MY ANSWERS ARE TRUE

I certify that I have read and understand all questions on this application. My statements on this form, and any attachments to this form, are true, complete, and correct to the best of my knowledge and belief and are made in good faith. I understand that a knowing and willful false statement on this form will result in the rejection of my application, or dismissal.

Signature (sign in ink)

Date